INSTRUCTIONS FOR PHARMACISTS

Emergency Contraception

Patient and GP details

Women 16 to 50 are included. Younger women may benefit from Levonelle or ellaOne; however they cannot be supplied to under-16s by PGD.
1. No confirmation of patient ID is required unless Pharmacists judge this necessary.
2. Entering a GP name and surgery is optional.
3. Where women request a copy be sent to GP this should be faxed or posted within 3 months.

Ectopic Pregnancy Risk

The answer to both questions in the section must be ‘No’.
If either answer is ‘Yes’, STOP assessment and refer urgently to a surgery or family planning clinic instead. There is an increased risk of ectopic pregnancy and a supply of Levonelle 1500 or ellaOne by PGD is excluded.

Questions for Levonelle

Either question 1 or 2 must be answered ‘Yes’.
If question 2 is ‘Yes’ then question 1 must also be ‘Yes’. Question 1: Have you had unprotected intercourse in the last 3 days (72 hours)?
If ‘No’, consider supplying ellaOne (effective up to 120 hours) or refer to a surgery or family planning clinic urgently.
Question 2: Have you taken a Levonelle tablet and vomited within 3 hours?
If ‘Yes’, a second dose of Levonelle 1500 can be supplied, but NOT ellaOne.
All questions 3, 4, 5 and 6 must be answered ‘No’.
Question 3: Have you taken Levonelle or ellaOne before in your current period more than 3 hours ago?
If ‘Yes’, a repeat Levonelle 1500 and ellaOne cannot be supplied by PGD in the same menstrual cycle.
Question 4: Are you likely already to be pregnant from intercourse more than 3 days (72 hours) ago?
If ‘Yes’, consider supplying ellaOne (effective up to 120 hours) or refer to a surgery of family planning clinic urgently.
Question 5 and 6: If answered ‘Yes’, Levonelle 1500 is excluded.
Consider supplying ellaOne or refer to a surgery or family planning clinic urgently.

Current Medications and Allergies

Exclude supply of Levonelle 1500, if any of the potentially interacting medications listed below are being taken.

Drugs suspected of having the capacity to reduce the efficacy of levonorgestrel containing medication include barbiturates (including primidone), phenytoin, carbamazepine, herbal medicines containing Hypericum perforatum (St. John’s Wort), rifampicin, ritonavir, rifabutin, griseofulvin.

Medicines containing levonorgestrel may increase the risk of cyclosporin toxicity due to possible inhibition of cyclosporin metabolism.

Levonelle tablets contain lactose.

Questions for ellaOne

Either question 1 or 2 must be answered ‘Yes’.
If question 2 is ‘Yes’ then question 1 must also be ‘Yes’. Question 1: Have you had unprotected intercourse in the last 5 days (120 hours)?
If ‘No’, STOP the assessment and refer to surgery or family planning clinic urgently.
Question 2: Have you taken an ellaOne tablet and vomited within 3 hours?
If ‘Yes’, a second ellaOne tablet can be supplied, but NOT Levonelle.
All questions 3, 4, 5, 6 and 7 must be answered ‘No’.
Question 3: Have you taken ellaOne or Levonell before in your current period more than 2 hours ago?
Question 4: Are you likely already to be pregnant from intercourse more than 3 days (72 hours) ago?
If ‘Yes’, ellaOne is discussed.
Question 5, 6 and 7: If answered ‘Yes’, EllaOne is excluded. Consider supplying ellaOne or refer to a surgery or family planning clinic urgently.

Current Medications and Allergies

Exclude supply of ellaOne, if any of the potentially interacting medications listed below are being taken.

Drugs suspected of having the capacity to reduce the efficacy of ellaOne include products that increase gastric pH (e.g. proton pump inhibitors, antacids and H2-receptor antagonists). Potential interactions also exist with ritonavir, rifampicin, phenytoin, phenobarbital, carbamazepine, St John’s wort/Hypericum perforatum, dabigatran etexilate and digoxin. Concomitant use is therefore not recommended.

Ketoconazole, itraconazole, ritonavir, telithromycin, clarithromycin, nefazodone may potentiate the action of ulipristal acetate. Concomitant use is therefore not recommended.

EllaOne tablets contain Lactose monohydrate.

Choosing Levonelle 1500 or ellaOne

Women MUST read the Patient Information Leaflet – Emergency Contraception in which the choice between Levonelle 1500 and ellaOne is discussed.
Pharmacists may need to discuss significant factors and possibly refer to drug PILs to assist women to choose between Levonelle 1500 and ellaOne. Significant factors include:
• Previous experience with Levonelle and ellaOne (patient preference based on experience)
• Levonelle 1500 can be used for up to 72 hrs (3 days) and ellaOne up to 120 hrs (5 days) after unprotected intercourse.
• EllaOne may be very slightly more effective in preventing pregnancy (studies show approximate pregnancy rates of 1.5 in a 100 with ellaOne compare with 2 in 100 with Levonelle 1500 – see SPCs for details).
• The side effect profiles of the two drugs are very similar.
• Cost – Levonelle 1500 is usually lower cost than ellaOne – prices are set by pharmacies.

Questions for ellaOne

Either question 1 or 2 must be answered ‘Yes’.
If question 2 is ‘Yes’ then question 1 must also be ‘Yes’.
Question 1: Have you had unprotected intercourse in the last 5 days (120 hours)?
If ‘No’, STOP assessment and refer urgently to a surgery or family planning clinic instead. There is an increased risk of ectopic pregnancy and a supply of Levonelle 1500 or ellaOne by PGD is excluded.

Ectopic Pregnancy Risk

The answer to both questions in the section must be ‘No’.
If either answer is ‘Yes’, STOP assessment and refer urgently to a surgery or family planning clinic instead. There is an increased risk of ectopic pregnancy and a supply of Levonelle 1500 or ellaOne by PGD is excluded.

Current Medications and Allergies

Exclude supply of Levonelle 1500, if any of the potentially interacting medications listed below are being taken.

Drugs suspected of having the capacity to reduce the efficacy of levonorgestrel containing medication include barbiturates (including primidone), phenytoin, carbamazepine, herbal medicines containing Hypericum perforatum (St. John’s Wort), rifampicin, ritonavir, rifabutin, griseofulvin.

Medicines containing levonorgestrel may increase the risk of cyclosporin toxicity due to possible inhibition of cyclosporin metabolism.

Levonelle tablets contain lactose.

Choosing Levonelle 1500 or ellaOne

Women MUST read the Patient Information Leaflet – Emergency Contraception in which the choice between Levonelle 1500 and ellaOne is discussed.
Pharmacists may need to discuss significant factors and possibly refer to drug PILs to assist women to choose between Levonelle 1500 and ellaOne. Significant factors include:
• Previous experience with Levonelle and ellaOne (patient preference based on experience)
• Levonelle 1500 can be used for up to 72 hrs (3 days) and ellaOne up to 120 hrs (5 days) after unprotected intercourse.
• EllaOne may be very slightly more effective in preventing pregnancy (studies show approximate pregnancy rates of 1.5 in a 100 with ellaOne compare with 2 in 100 with Levonelle 1500 – see SPCs for details).
• The side effect profiles of the two drugs are very similar.
• Cost – Levonelle 1500 is usually lower cost than ellaOne – prices are set by pharmacies.

Questions for ellaOne

Either question 1 or 2 must be answered ‘Yes’.
If question 2 is ‘Yes’ then question 1 must also be ‘Yes’.
Question 1: Have you had unprotected intercourse in the last 5 days (120 hours)?
If ‘No’, STOP the assessment and refer to surgery or family planning clinic urgently.
Question 2: Have you taken an ellaOne tablet and vomited within 3 hours?
If ‘Yes’, a second ellaOne tablet can be supplied, but NOT Levonelle.
All questions 3, 4, 5, 6 and 7 must be answered ‘No’.
Question 3: Have you taken ellaOne or Levonell before in your current period more than 2 hours ago?
Question 4: Are you likely already to be pregnant from intercourse more than 3 days (72 hours) ago?
If ‘Yes’, ellaOne is discussed.
Question 5, 6 and 7: If answered ‘Yes’, EllaOne is excluded. Consider supplying ellaOne or refer to a surgery or family planning clinic urgently.

Current Medications and Allergies

Exclude supply of ellaOne, if any of the potentially interacting medications listed below are being taken.

Drugs suspected of having the capacity to reduce the efficacy of ellaOne include products that increase gastric pH (e.g. proton pump inhibitors, antacids and H2-receptor antagonists). Potential interactions also exist with ritonavir, rifampicin, phenytoin, phenobarbital, carbamazepine, St John’s wort/Hypericum perforatum, dabigatran etexilate and digoxin. Concomitant use is therefore not recommended.

Ketoconazole, itraconazole, ritonavir, telithromycin, clarithromycin, nefazodone may potentiate the action of ulipristal acetate. Concomitant use is therefore not recommended.

EllaOne tablets contain Lactose monohydrate.

Emergency Contraception PGD updated November 2012 to include the option to supply ellaOne or Levonelle 1500. The current Instructions for Pharmacists – Emergency Contraception are to be used with the updated Patient Assessment Form – Emergency Contraception and the updated Patient Information Leaflet – Emergency Contraception all available from the ‘Forms and leaflets’ section of www.pharmacypgd.co.uk.

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INSTRUCTIONS FOR PHARMACISTS
Emergency Contraception

Confirmation

Answers of 'No' are exclusions to the supply of Levonelle 1500 and ellaOne.

The Information Leaflet for Women - Emergency Contraception can be printed from 'Forms and leaflets' section of www.pharmacypgd.co.uk.

For Pharmacist Use Only

All the answers in this section must be 'Yes'. Complete all sections.

Dose instruction:
• One Levonelle 1500 tablet swallowed whole as soon as possible, no later than 72 hours after unprotected intercourse
OR
• One ellaOne tablet swallowed whole as soon as possible, no later than 120 hours after unprotected intercourse

Women or girls under 16 are excluded from the PGD and should be referred to a surgery or family planning clinic urgently.

Women who are 'vulnerable adults' should be referred to their doctors.

Repeats
Levonelle or ellaOne may be supplied by PGD to women only once in each period, unless there has been vomiting within 3 hours, in which case a repeat dose may be supplied by PGD.

Women who repeatedly request emergency contraception (more than 3 times in six months) can be supplied with further emergency Levonelle 1500 or ellaOne by PGD, although they should be gently discouraged from using emergency contraception as their routine contraception.

A new patient assessment form must be completed with each supply of a morning-after-pill by PGD.

Records
Completed forms should be retained as a medical record for 8 years.

Adverse Drug Reactions should be reported using yellow card reporting provisions (http://yellowcard.mhra.gov.uk), particularly for ellaOne which is newly licensed and has 'black triangle' status.

Notes

• Pharmacists wishing to supply Levonelle One-step rather than Levonelle 1500 should use 'P' procedures, NOT the PGD.

• Women who are NOT eligible for Levonelle 1500 or ellaOne should be referred to a surgery or family planning clinic urgently.

SPECIMEN ONLY
It is an offence and invalidates pharmacy insurance to use PGDs without valid rights. Annual training and payment is required for our PGDs to be valid.